

The background of the slide is a photograph of a grand, classical-style building, likely a government or institutional structure. It features tall, fluted columns and a pedimented roof. The image is slightly faded and serves as a backdrop for the title text.

# Mental Health Treatment Needs of Individuals with Mental Illness in the Virginia Justice System

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James J. Morris, Ph.D.  
DMHMRSAS

## *Need for Jail Diversion & Jail MH services*

- **BJS (1998): 16% of inmates w/Mental Illness**
- **GAINS/Bazelon/NMHA, others:** Jails are *de facto* MH facilities for homeless and others with mental illness
- **Virginia SJR 440/97 (2002-3):**
  - Estimated 16% w/Mental Illness
  - Unmet treatment needs highlighted
- **Community:**
  - Unknown # arrested w/MI but not jailed; limited coordination

# *Towards a Solution*

- ***Virginia DMHMRSAS Forensic Workgroup:***
  - **Fall, 2003 Multi-agency CJ/MH representation**
  - Partnering w/ Courts; Attorneys; Regional Jails and Sheriffs' Associations; Joint Behavioral Healthcare Subcommittee; Senate Finance subcommittee; Reentry Policy Team;
  - Studying all options for Diversion and Jail MH Services



# *The Challenge*

- **4 Key Problems:**
  - ***Lack of Basic Community Resources:*** (Housing, MH services, etc.) Promotes homelessness & impedes prevention of arrest of persons w/mental illness.
  - ***Lack of Jail Diversion programs/resources statewide:*** (pre-booking, post-booking, post-sentencing)
  - ***Insufficient Treatment Resources in Jails:*** Jails must struggle to serve high #s of inmates with mental illness
  - ***High Demand for Limited State Hospital Capacity:*** (delays in accessing services impose strain on inmates and jails) 185 Beds for all adult “jail transfers”

# *The Question*

- **What is the real demand for services?**
  - Lack of data: Jail Inmates w/mental illness
    - 1999 BJS Survey used inmate self reports of MH Treatment history
      - No specific statistics for Virginia
      - No external validation of self-reports for national survey
    - (It is known that Virginia Jail population has increased 57% since 1998)
    - (Rate of mental disorders (not major mental illness) in U.S. is 11%)
    - Statistical theory “Bell Curve” model predicts most serious behavioral disorders in the 2-3% category for the general population
  - Lack of data: amount of MH services in Jails

# *The 2005 Jail Survey*

- **Goal:** Developing an accurate picture of Jail MH Services Needs/Demand; use results for planning
- **Obstacle:** Lack of access to jail MH information
- **Effort:** Developing improved collaboration w/Jails
- **Progress:** Summer 2005, Jails agreed to survey by Senate Finance/DMHMRSAS/ Compensation Board/
- **Result:** Surveyed all 67 Local and Regional Jails on September 13, 2005 “Tuesday Report”



# *2005 Survey Results: Context*

- ***Background:***

- ***Virginia Census (2004): 7,459,827 residents***
- ***Jail Admissions in 2005 : 218,467 (3% of total Virginia population)***
- ***Jails Census, Sept. 13, 2005: 24,595 inmates***
- ***(Comp Board data: 57% increase in jail population since 1998)***

# *2005 Survey Results: Overview*

- ***What the jails told us:***
- **Overall result:**
  - 4006 of 24,595 inmates (16%) in Virginia Jails on September 13, 2005 had a mental illness
  - Annualized estimate: 35,450 (assumes= LOS)



# *2005 Survey Results: Top 10 Jails*

- **Jails w/high #s of inmates w/Mental Illness:**

1. Hampton Roads Regional Jail (510)
2. Fairfax County Jail (359)
3. Richmond City Jail (323)
4. Riverside Regional Jail (306)
5. Prince William/Manassas Regional Jail (232)
6. Arlington County Jail (221)
7. Blue Ridge Regional Jail (138)
8. Roanoke City Jail (126)
9. Henrico County Jail (120)
10. Virginia Beach City Jail (113)

# *2005 Survey Results: MH Units*

- **Jail Housing for inmates w/Mental Illness:**
  - 22 jails report specialized MH housing
  - **873 Jail MH treatment beds**
  - 447 “Acute” MH treatment beds:
    - 321 for male inmates
    - 126 for female inmates
  - 426 “Non-acute” MH treatment beds
  - **Total: Ca. 22% of Inmates w/MI in specialized housing**
  - (compare with <200 DMHMRSAS jail transfer beds)

# *2005 Survey Results: MH Screening*

- **Jail MH Screening:**
- **Most jails w/high census screen all, and assess when needed**
- **90% of Jail Inmates have MH screening**
  - 78% (52 Jails) screen all admissions
  - 4% (3 Jails) screen some admissions
  - 18% (12 Jails) Don't screen/no screening info
- **Follow-up Comprehensive Assessment:**
  - 45% (30 Jails; 17,906 inmates; 73%) assess all w/positive screening
  - 37% (25 Jails; 5,947 inmates; 24%) assess w/acute cases<sup>1</sup>



# *2005 Survey Results: Psychiatry*

- **Psychiatric/Jail M.D. MH Services:**
  - 30 Jails: Some Psychiatrist time allotted/week
  - 239 Psychiatry hours per week for all jails
  - (Ca. 6 FTEs)
  - 29 Jails: Some MH consult from Jail GP/M.D.
  - 163 MH treatment hours/week from GP/M.D.

# *2005 Survey Results: Legal status*

- **Jail Inmates w/MI by Legal Type:**
  - 1019 “State responsible” (felons)\*
  - 2737 “Local responsible” (lower level offenses)
  - 172 Federal inmates (immigration, etc.)
  - 63 “Other” jurisdiction

\* Virginia DOC has policy for transferring “their” inmates w/mental illness from jails sooner than inmates w/o MH treatment needs

# *2005 Survey Results: Diagnoses*

- **Inmates with MI by Psychiatric Diagnosis:**

- 847 Inmates with Schizophrenic Disorders

- 1174 Inmates with Bipolar Disorder

- 846 Inmates with Depressive Disorders

- 464 Inmates with Anxiety Disorders

- 397 Inmates with Other Mental Illness

- 263 Inmates with MI w/o Diagnosis

- **2270 w/Co-occurring MI and SA disorders**



# *2005 Survey Results: Medication*

- **Jail Formulary:**
  - 28 Jails report unrestricted formulary
  - 39 Jails report restricted formulary
- **Jail inmates categorized by medication type:**
  - 1245 treated with Antipsychotics
  - 815 treated with Mood Stabilizers
  - 2495 treated with Antidepressants
  - 294 treated with Anxiolytics
- **2005 Cost for MH medications = \$3,981,245**

# *2005 Survey Results: MH Services*

- **Jail MH Treatment Services:**
  - 54 Jails (81%) have non-MD MH Services
  - Ca. 40% by jail staff; 45% by CSBs; 15% Others
  - During week of Sept. 11, 2005:
    - 1181 Inmates received Individual counseling
    - 280 Inmates in MH group treatment
    - 1,367 Inmates in SA group treatment
    - 432 Inmates/other individual or group treatment
- **2005 Cost for Non-Medical MH Services= \$4,096,929**

# *2005 Survey Results: Shared Clients*

- **Compared Comp. Board data for Sept. 13, 2005 with DMHMRSAS and CSB databases**
  - **Comp Board:** 27,415 unique SSNs names/birthdates
  - **DMHMRSAS/CSBs databases:** 719 Jail inmates had been treated by CSBs and/or the DMHMRSAS
  - **Conclusions:** 3% of Jail population on 9/13/05 had previous (or current) public MH system contact
  - This group may or may not have included inmates listed as having a mental illness by the jails
  - **Limitation:**
    - One day “snapshot” doesn’t give full picture of Jails/MH systems overlap
    - Some of this group may have been from Fairfax CSB jail program



# *2005 Survey Conclusions*

- **4006 Jail inmates w/Mental Illness (35,450 est.per year)**
  - **Appox. 2000 w/Major Mental Illness**
  - **Approx. 2000 w/Anxiety/Depressive Disorders**
- **873 Dedicated Jail MH Beds**
- **Survey information appears to be a “good start”**
  - **Next stage should include extraction of actual data from jail records**

# *Survey Follow-up: Sept. 2006*

- ***Current Work in Progress:***
- ***Moving from “Estimates” to “Evidence”***
  - ***Selected Jails provided Documentation, re:***
    - Inmates receiving psychotropic medication
    - MH/SA Treatment Programs and staff (incomplete data)
  - ***Types of Psychotropic Medications prescribed***
    - Antipsychotics (Schizophrenia, Bipolar Disorder)
    - Mood Stabilizers/Anticonvulsants (Bipolar Disorder)
    - Antidepressants, Antianxiety, Sleep Meds, etc.
  - ***Caveats:***
    - *At least one antipsychotic (“Seroquel”) popular as a sleep medication in some jails*
    - *Treatment w/antidepressants alone does not mean disorder is “minor” in all cases (e.g., suicidal depression)*

# *Survey Follow-up: Sept. 2006, ii*

- ***Fairfax Jail: total population = 1263***
  - ***719 active CSB cases***
  - ***187 inmates receiving psychotropic meds***
    - ***100 inmates treated with “major” antipsychotics and/or mood stabilizers***
    - ***87 treated with antidepressants, antianxiety meds, etc.***
  - ***Conclusions:***
    - ***60% of jail population have received CSB MH/SA services***
    - ***15% of Jail population treated with psychotropics in general***
    - ***8% of jail population treated with antipsychotics/mood stabilizers***



## *Survey Follow-up: Sept. 2006, iii*

- ***Virginia Beach Jail: total population = 1439***
  - ***Psychiatric Care Medication managed by CMS***
  - ***Virginia Beach CSB provides counseling, SA, etc.***
  - ***169 inmates receiving psychotropic meds***
    - ***102 inmates treated with “major” antipsychotics and/or mood stabilizers***
    - ***67 treated with antidepressants, antianxiety meds, etc.***
  - ***Conclusions:***
    - ***12% of Jail population treated with psychotropics in general***
    - ***7% of jail population treated with antipsychotics/mood stabilizers***

# *Survey Follow-up: Sept. 2006, iv*

- **Henrico County Jail(s): total population = 1232**
  - 446 active CSB MH cases
  - 203 active SA program cases
  - 135 Mental Health evaluations done in August, 2006
  - 177 inmates receiving 425 psychotropic meds (documentation not itemized by inmate)
    - 153 prescriptions were for “major” antipsychotics/mood stabilizers (could mean that 5% of jail population (61 inmates) has a major mental illness)
    - 272 prescriptions were for antidepressants, antianxiety meds, etc. (could mean that 6% of jail population (74 inmates) has depressive or anxiety disorder, etc.)
    - (Lack of inmate-specific data makes breakout #s speculative)



## *Survey Follow-up: Oct. 2006, v\**

- **Riverside Regional Jail: total population =1178**
  - 246 Inmates (21%) on psychotropic medications
  - Duplicated counts/some inmates on more than one medication
    - 62 (5%) treated w/antipsychotics
    - 35 (3%) treated w/mood stabilizers
    - 128 (11%) treated w/antidepressants
    - 24 (2%) treated w/antianxiety medications
    - 33 (3%) treated with medication for insomnia
  - **Conclusion: Between 5-8% on either an antipsychotic or a mood stabilizer, or both**

\* Data requested for Sept.; October 6, 2006 data provided



# *Survey Follow-up: Sept. 2006, vi*

- ***Virginia Peninsula Regional: total population = 423***
  - ***50 inmates receiving psychotropic meds***
    - ***4% (18 inmates) treated with “major” antipsychotics and/or mood stabilizers***
    - ***8% treated with antidepressants, antianxiety meds, etc.***

# *Survey Follow-up: Interim Findings*

- ***Limited amount of 2006 documentary evidence from the jails, suggests that the number of Virginia jail inmates actually symptomatic for a serious mental illness is likely to be somewhat lower than 2005 survey estimates, ca. 5-8% of total jail population***
- ***If the 2006 data from Fairfax and Va. Beach jails are representative, it's likely that there are typically about 1,000 inmates w/serious mental illness in the 10 largest Virginia Jails; this is a high #, considering limited state hospital capacity.***

# *Recommended Solutions*

- **Implement “Sequential Intercept Approach”**
- **Prevent arrest and incarceration of persons w/MH**
  - (Prebooking Diversion: CIT for law enforcement)
  - more housing and community MH services
  - **Postbooking Jail Diversion of low-risk defendants:**
    - Pretrial, at arraignment/appointment of counsel
    - Post conviction/post-sentencing diversion (early release/suspended sentence)
- **Improve Jail MH Services:**
  - Consider development of dedicated jail MH treatment units operated by MH service providers
- **Ensure timely MH hospital admission for inmates needing inpatient treatment**



# *Recommended Solutions, ii*

- ***Other possible interventions:***
  - ***Establish MH Courts in selected localities***
    - ***Could be done w/o Changing the Virginia Code***
  - ***Implement Postbooking Jail Diversion Statute(s)***
    - ***Release from jail to mandated community treatment***
    - ***Would require active collaboration of courts, local pretrial/probation services, CSB and defendant/inmate***
    - ***Would provide treatment in less restrictive setting***
    - ***Could reduce demand/need for scarce inpatient beds***
    - ***Could reduce demand/need for scarce jail beds***
    - ***Could obviate the need for complex competency to stand trial evaluation and restoration activities***

# ***Suggested Process for Change***

- ***Coordinate and link cross-governmental planning initiatives:***
  - JCHC/Behavioral Healthcare Subcommittee: Jail MH, NGRIs, etc.
  - Senate Finance/House Appropriations: funding; capital planning
  - Virginia Supreme Court: Civil commitment reform; MH courts
  - Executive Branch: DMHMRSAS work groups; DCJS initiatives; DJJ
  - Local/Regional Government: CSBs; Law Enforcement; CCJBs; Jails; Court Services units (adult and juvenile)
- ***Begin training “academy” with model Virginia programs:***
  - New River Valley CIT: Model pre-booking diversion w/law enforcement
  - Jail MH Services & Diversion Programs (Fairfax, Henrico, Arlington; HPR IV)
  - Virginia Beach CSB comprehensive Jail Services/Jail Diversion program
  - DMHMRSAS/CSB Jail Diversion Pilot Programs (6 locations)
- ***Jail diversion funding should require quality monitoring and outcomes measurement***



DMHMRSAS

## Office of Forensic Services

Jim Morris, Ph.D.

[james.morris@co.dmhmrzas.virginia.gov](mailto:james.morris@co.dmhmrzas.virginia.gov)

(804) 786-2615